		*					Page 1 of 1
CRP-1 U.S. DEPARTMENT OF AGRICULTURE (07-06-20) Commodity Credit Corporation					& CO. CODE &	2. SIGN-UP	
(07-06-20)		19 009			NUMBER 55		
				2 CON	ITRACT NUMB	ED	4. ACRES FOR
CONSERVATI	ON PESERV	F PROGRAM	CONTRACT			EK	ENROLLMENT
COMBERVAII	OII ILEGEITA	LINOONAM	0011110101	1	12434		0.81
5A. COUNTY FSA OFFI	CE ADDRESS (Inc	lude Zip Code)		6. TRA	CT NUMBER	7. CONTRACT PERIO	D
AUDUBON COUNTY FARM	SERVICE AGENC	Y			909	FROM: (MM-DD-YYYY)	TO: (MM-DD-YYYY)
900 4TH AVE STE 3			303	1	10/2 1		
AUDUBON, IA 50025-1	402				110 71/05	10/11/2021 A.K.	08-04-21
					NUP TYPE: inuous	A.K.	08-04-21
5B. COUNTY FSA OFF		BER		Conc	Indous	Inhal	
(Include Area Code): (THIS CONTRACT Is enter							Date
CCC for the stipulated co acreage the Conservation comply with the terms an Program Contract (referra applicable contract perio thereto. BY SIGNING THI	n Plan developed for ad conditions conta ed to as "Appendix d. The terms and o IS CONTRACT PAR	or such acreage and ined in this Contract "). By signing below conditions of this control TICIPANTS ACKNO	d approved by the ct, including the A bw, the Participant ontract are contain DWLEDGE RECEIF	CCC and the Pa appendix to this acknowledges aned in this Form	articipant. Add Contract, entiti receipt of a cop CRP-1 and in	itionally, the Participant led Appendix to CRP-1, C by of the Appendix/Appe the CRP-1 Appendix and	and CCC agree to Conservation Reserve ndices for the any addendum
9A. Rental Rate Per Acre				on of CRP La	nd (See Page	2 for additional space	,
9B. Annual Contract Pay		00 Initial	A. Tract No.	B. Field No.	C. Practi	T T	E. Total Estimated Cost-Share
9C. First Year Payment	\$	08-04-21	909	0002	CP2	1 0.81	\$ 148.00
		rate					
(Item 9C is applicable on	ly when the first ye	ar payment is					
prorated.)							
11. PARTICIPANTS	(If more than	three individual	s are signing,	see Page 3.)			
A(1) PARTICIPANT'S NA			(3) SIGNATURE		(4) TITLE/REI	ATIONSHIP OF THE	(5) DATE
ADDRESS (Include 2]	e-Signed by Amy			AL SIGNING IN THE	(MM-DD-YYYY)
AMY LYNN KNOP 50.00 %		50.00%	For, if app On 08-0	licable:	REPRESE	NTATIVE CAPACITY	V08-04-21
		A	1125/15/20				
_(.,		(2) SHARE	(3) SIGNATURE (By)			ATIONSHIP OF THE AL SIGNING IN THE	(5) DATE (MM-DD-YYYY)
ADDRESS (Include Zip Code) JENNIFER JO SMITH				REPRESENTATIVE CAPACI		(
50.00 %						V	
C(1) PARTICIPANT'S NAME AND (2		(2) SHARE	RE / (3) SIGNATURE (By)			ATIONSHIP OF THE	(5) DATE
ADDRESS (Include Zip Code)					AL SIGNING IN THE	(MM-DD-YYYY)	
		%			KEPKESE	NIATIVE CAPACITY	
40 CCC HEE ONLY	TA CICNIATUE	DE OF CCC PER	DECENTATIVE		-3/		B. DATE
12. CCC USE ONLY A. SIGNATURE OF CCC REPRESENTATIVE					2000	(MM-DD-YYYY)	
				2	ノロシノ	() (P)	08-97-203
NOTE: The following state	ment Is made in acco	rdance with the Privac	cy Act of 1974 (5 US	C 552a - as amen	ded). The author	ity for requesting the informa	ation identified on this form
is the Commodity	Credit Corporation Ch Agricultural Improvem	arter Act (15 U.S.C. 7 ant Act of 2018 (Pub.)	14 et seq.), the Food I - 115-334) and 7 CF	I Security Act of 1: FR Part 1410 The	985 (16 U.S.C. 38 information will	101 et seq.), the Agricultural be used to determine eligibil	ACT OF 2014 (16 U.S.C. ity to participate in and
receive benefits ur	der the Conservation	Reserve Program. T	he information collec	ted on this form n	ay be disclosed t	o other Federal, State, Loca	l government agencies,

Tribal agencies, and nongovernmental entities that have been authorized access to the Information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of Ineligibility to participate in and receive benefits under the Conservation Reserve Program.

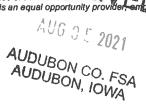
Paperwork Reduction Act (PRA) Statement: The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal

and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.

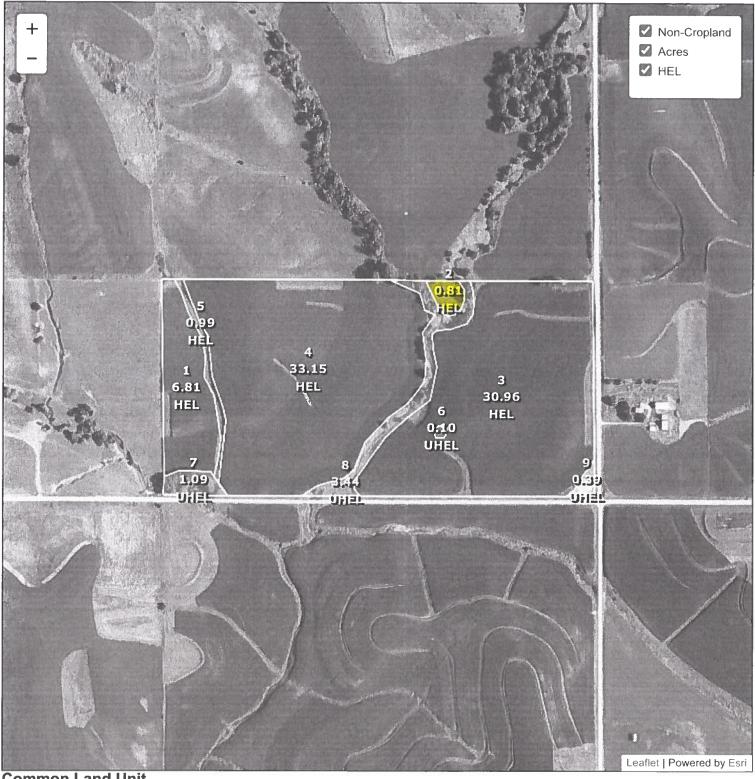
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Cropland Cropland

CRP

2022 Crop Year

Farm **2749** Tract **909**

Wetland Determination Identifiers

- Restricted Use
- Limited Restrictions
- **Exempt from Conservation Compliance Provisions**



ract 1 of 1

United States Department of Agriculture (USDA) Farm Service Agency (FSA) maps are for FSA Program administration only. This map does not represent a legal survey or reflect actual ownership; rather it depicts the information provided directly from the producer and/or National Agricultural Imagery Program (NAIP) imagery. The producer accepts the data 'as is' and assumes all risks associated with its use. USDA-FSA assumes no responsibility for actual or consequential damage incurred as a result of any user's reliance on this data outside FSA Programs. Wetland identifiers do not represent the size, shape, or specific determination of the area. Refer to your original determination (CPA-026 and attached maps) for exact boundaries and determinations or contact USDA Natural Resources Conservation Service (NRCS).

CRP-1 U.S	. DEPARTMENT		1 ST	1. ST. & CO. CODE & ADMIN. LOCATION 2. SIGN-UP					
(07-06-20)		dit Corporation		11 31.	a co. code a	ADMIN. LOCA	ATION	2. SIGN-UP	
(01-00-20)			19 009			NUMBER			
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CONSERVATI	3. 00	NI PACI NUMBI	EK		4. ACRES FOR				
OCHOENTAII	Old ITEOEITA	E 1 10010011	CONTINACI	'			1	ENROLLMENT 0.81	
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		0. 110	ACT NUMBER	7. CONTRAC					
AUDUBON COUNTY FARM 900 4TH AVE STE 3			909	FROM: (MM-E	D-YYYY)	TO: (MM-DD-YYYY)			
AUDUBON, IA 50025-1			303	١,,	- 1				
	v. 17 av			L		10/01/20	ાડા	89/30/2031	
					NUP TYPE:	1 1			
5B. COUNTY FSA OFFI	CE DUONE NUM	DED		Cont	inuous	Opp		8-2-2-27	
(Include Area Code): (1		72,4)		. 10				
					al L	DATE			
THIS CONTRACT is enter (referred to as "the Partic CCC for the stipulated co acreage the Conservation comply with the terms an Program Contract (referre applicable contract period thereto. BY SIGNING THI addendum thereto; and, C	rpant".) The Parti ntract period from I Plan developed fi d conditions cont and to as "Appendis d. The terms and a S CONTRACT PAF	cipant agrees to pla the date the Contra for such acreage and ained in this Contra c'i). By signing belo conditions of this co RTICIPANTS ACKNO	ce the designated ict is executed by d approved by the ct, including the A w, the Participant ontrect are contain WLEDGE RECEIF	l acreage into the the CCC. The interpretation of the Popendix to this tracknowledges ned in this Form	ne Conservation Participant also destricipant. Addit Contract, entitle receipt of a cop	Reserve Progn agrees to imple tionally, the Pa ad Appendix to y of the Append to CRP-1 Append	am ("CRP") ment on su rticipant and CRP-1, Con dix/Appendi	or other use set by ch designated 1 CCC agree to servation Reserve ces for the	
9A. Rental Rate Per Acre		40(00)	10. Identificati	on of CRP La	nd (See Page	2 for addition	al space)		
9B. Annual Contract Pays	ment \$ 179.	Alta (1, the -	A. Tract No.	B. Fleid No.	C. Practice	9 No. D	. Acres	E. Total Estimated Cost-Share	
9C. First Year Payment	\$	8-2-3001	909	0002	CP2	1	0.81	\$ 148.00	
(Item 9C is applicable onl prorated.)									
11. PARTICIPANTS	(If more than	three individuals	s are signing, s	see Page 3.)					
A(1) PARTICIPANT'S NA	ME AND	(2) SHARE	(3) SIGNATURE ((By)	(4) TITLE/REL	ATIONSHIP OF	THE	(5) DATE	
ADDRESS (Include Zip Code)		•			L SIGNING IN		(MM-DD-YYYY)		
AMY LYNN KNOP		50.00%			REPRESEN	STATIVE CAPA	CITY		
		30.00 N					ļ	<i>Y</i> 1	
B(1) PARTICIPANT'S NA	ME AND	(2) SHARE	(3) SIGNATURE ((By)	(4) TITLE/REL	ATIONSHIP OF	THE /	(5) DATE	
ADDRESS (Include ZIp Code)		Sand White		INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY			(MM-DD-YYYY)		
JENNIFER JO SMITH 50.00 %							1 '		
		30.00 10	26 MAN A	EMHUD				108-W-201	
C(1) PARTICIPANT'S NA	ME AND	(2) SHARE	(3) SIGNATURE	UBV)	(4) TITLE/REL	ATIONSHIP OF	THE	(5) DATE	
ADDRESS (Include Zip Code)			(2) (1.2) (2)		(4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE			(MM-DD-YYYY)	
		%				TATIVE CAPA		,	
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12, CCC USE ONLY	A SIGNATUR	RE OF CCC REPI	RESENTATIVE		L			DATE	
iz, ood ook ollki	A. SIGNATOR	AL OF OCC NEF	NEGENTATIVE					8. DATE (MM-DD-YYYY)	
NOTE: The following state:	ment is made in acco	ordence with the Privac	y Act of 1974 (6 US	C 552a - as amen	ded). The authorit	y for requesting to	he information	idenlified on this form	

IOTE: The following stetement is made in accordance with the Privacy Act of 1974 (6 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.) the Agricultural Improvement Act of 2018 (Pub. L. 115-334) and 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entitles that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.

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